PLACE OF DEATH County P Q D	STATE OF MARYLAND CERTIFICATE OF DEATH
To 40 : 0	Registration Dist. No. 250
Village or City Lugarely (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Fungle (Write the word)	16 DATE OF DEATH April 26, 1932
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 23, 1932	april 26 1982 to april 26 , 1982
7 AGE (Month) (Day) (Year)	that I last saw hom alive on april 26 1982
yrs. 2 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Claruel Pils	(Signed) (Durstion) yrs mos ds. (Signed) M. D. Ray 12 7 1932 (Address) Pullance well
OF FATHER (State or country) 12 MAIDEN NAME	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margant alandy	IS LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
(Informant) Carlley Duels	Former or usual residence
(Address) Lieflerthe my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Opice 27 193 Z
Filed apr 27 1832 Jame P. Frieds	20 UNDERTAKER PROPESS R. B. Rawleys, Freedom
If more b.anks are needed, addre.s : tate Negistrar,	16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return". Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BURNAT

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

BINDING

FOR

RESERVED

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	TERMINICATE OF BEATH
County Lucent Unne	Registration Dist. No. 252
Village or City Centreville	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME harles Warne	Harres
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ape, 24 - 1992
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Elizabeth Startt	22. I HEREBY CERTIFY, Thet I ettended deceased from 19
6. DATE OF BIRTH (month, day, and year) Since 1 1860	l iast saw h; death is sain
7. AGE Years Months Days If LESS than 1 day,hr	to heve occurred on the date stated above, atm,
// // // 23 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER Peters SAWYER, BOOKKEEPER, etc.	Chronic my Cordate
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occurrence of the companying (mostly and the companying (mo	(Suddenly)
10. Deter deceased last worked et this occupetion (month end spant in this occupetion coupetion	
12. BIRTHPLACE (city or town) Caroline Co.	Other Contributory Causes of importence:
(State or country) 13. NAME Charles Harris	
13. NAME (harles Harres 14. BIRTHPLACE (city or town) Caroline Co. (State or country)	Neme of operation Date of
15. MAIDEN NAME Elizabeth Harris	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Cakelesses (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. ashere Gartlett	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Centreville, ma.	
18. BURIAL, CREMATION, OR REMOVAL Place entreville Date Opt. 26, 193	Menner of injury
19. UNDERTAKER PAT. W. Edding.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-26-, 1932 Rolf-W. Eddins	(Signed) CC: 24 Fisher M. C
All a A Remitter	(Address) (Death and Bo

V. S. No. 1

N. B.—WRITE

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

PECORD. Every item of infor-

IS A PERMANEN

'H UNFADING INK-THIS

AGE should be

mation should be carefully supplied. PLAINLY,

MARGIN RESERVED FOR BINDING

properly classified.

be

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Mex 4 72	July 5,1927	Peritonitis	3 days ago
	BURLAU V. S.	71		
Other contributory ca	uses of importance:	a.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1 3

V S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County O. a.	CERTIFICATE OF DEATH
At The state of th	Registration Dist. No. 253
Village or City Clo Marie C(No. 2FULL NAME Sallie H. H.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OF 9 , 199 2 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw bly alive on Aby 19 1923
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion 2/2 yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Lund 10 NAME OF FATHER	Contributory Secondary (Durstion) yrs mos ds. (Signed) USY D HEMME M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER (State or Country)	At place of death
(Informant)	Former or usual residence
(Address) Stevenshiller Ma,	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL LANDO, 1932 20 UNDERTAKER ADDRESS
Filed April 193 d J. J. J. Registras	J. C. howas St., Balto., is equesting V. S. Iso. 1.
and the state of t	Na.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Housemaid, etc.

Housemaid, etc.

or given up on account of the state occupation at beginning of illness.

state occupation at beginning of illness.

business, that fact may be indicated thus; Farmer tired 6 yrs). For persons who have no occupation

"hatever, write None.

"hatever, write None.

"hatever, write Poemar dame, first, the DIS dam is perman." ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopueumonia ("Pneumonia,

> (Recommendations on statement of cause of death 'telahus) may be stated under the head of "contributory." st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; not be

answered in detail, it will prevent further correspondence. data is ve data is resential and must be obtained before the certificate permanently filed. If this certificate is looked over thoroughly and all questions

nfor- state JPA-		CERTIFICATE OF DEATH
	1. PLACE OF DEATH	254
should f OCC		Registration Dist. No. 237
sho of C	Village or City Ducesslow	No. St., Wall death occurred in a hospital or institution, give its NAME instead of street and number)
200 4		ds. How long in U.S. if of foreign birth?yrsmosd
Every CIANS tement	2. FULL NAME Blanche Mac	Laclasi
	(a) Residence: No. Jueenstown	St., Ward.
ECORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
RECO Fract	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR#OR RACE 5, SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
L PH	Temale Tite OR DIVORCED (write the word)	March 13- 19132
ING NEN CTL ified.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
NDING SMANEN X A C T J classified	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed fro
H H .	6. DATE OF BIRTH (month, day, and year) March 22-1871	15 1930, to Africa 13- 1932
PE PE II E II E II E II E II E Eate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
FOR B IS A PE stated E properly certificate	61 0 21 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade profession or particular	Date of onse
ED HIS	o. Hade, profession, or particular kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc	Carcusoma & Grast.
VK—T should it may n back	Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
NK NK	Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
RES I VG I AGE that ons ons	year) occupation	Oha Carallata Carallata
Z 42	12. BIRTHPLACE (city or town) Theladelphia	Other Contributory Causes of Importance:
	(State or country)	
	13. NAME John W. Mictarlan	:
TO	14. BIRTHPLACE (city or town)	Name of operation Date of
Y, The Transfer of the plan ortant.		What test confirmed diagnosis? Was there en aulopsy?
INLY, be careful EATH in important	I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	[State or country]	Accident, suicide, or homicide? Dete of injury, 19
	17. INFORMANT MAY & TU, WONAY	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) Like mithium, ma	
is is	18. BURIAL, CREMATION, OR REMOVAL Place Control Date Opt 15-19.32	Manner of injury
WRITE mation CAUSE TION is	DA 71 8 4 '	Nature of Injury
ma CA	19. UNDERTAKER ATT CO. Gadens	24. Was disease or injury in any way related to occupation of deceased?
S. No.	01-13 Me mad . 1	If so, specify (Signed) W-Dia Fisher
> z()	20. FILED LOVE A, 1932 Yellen III Walland & Registraf	(Address) Contrevile med.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. 1

)	PHYSI- Exact
0	IG INKTHIS IS A PERM ENT RECORD	efully supplied. AGE should be stated EXACTLY, PHYSI- in plain terms so that it may be properly classified. Exact tant. See instructions on back of certificate.
BINDIN	PERM	should if it may be son back
FOR	IS A	So tha
RESERVED FOR BINDING	IG INKTHIS	efully supplied. AGE should be stated EXAC in plain terms so that it may be properly clastrant. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Queen anne.	CERTIFICATE OF DEATH
)	Registration Dist. No. 250
new soillist	
Village or City Millington (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Joseph H. Moy	fle tt tion, give its NAME is stend of street and number.)
2FULL NAME TOURS 14. 1100	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Willower	16 DATE OF DEATH
WIDOWED,	april 26, 1932
male While OR BIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Dec. 15, 1853	193 - to 296 , 193 -
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE If LESS than	and that death occurred on the date stated above, at 7.45 Am,
7 8 yrs. 4 mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
	a company of the comp
8 OCCUPATION (a) Trade, profession or Pelveil.	
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Kent Co., Ind.	(Duration) yrsds.
10 NAME OF STATHER STATE OF THE	(Signed) M. D.
The Man I was the	A Ch 1924 (Address) Mall
0 II BIRTHPLACE OF FATHER	*Chuto the Discore Consing Dooth or in deaths from
Z (State or country) Md.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Rebecca Burris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mrs. 7r. L. Wallace.	Former or usual residence
70	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Rad # 3. Millington md.	Galena. mel. april 28, 1, 32
15 4/28 000 P	DUNDERTAKER HO. O ADDRESS
Filed 4/28 1932 James G. Miss.	John (1. Jolin & Sun mellington no
If many hands are needed addres that Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an worked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman, 6 Grocery;

Statement of Cause of Death—Name, first, the Distract CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important. American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," Whooping cough; Chronic Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANEN PEAINLY, N. B.—WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
county Ellen Hence	Registration Dist. No. 25-/
Village or City Cluced Hull	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth? yrs, mos, ds.
2. FULL NAME AUSSIG Melle lea	
(a) Residence: No. Church Hub hel	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STIGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed or abvorced HUSBAND of (or) WIFE of The Best Miller New	22. 1 HEREBY CERTIFY, thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Dee 20/857	I last saw he alive on Africa 21, 193; daath is sald
7. AGE Years Months Days II LESS than	to have occurred on tha date stated abova, at O
7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance wera as follows:
8 Trade profession or particular	Chales antites Programmes
Skind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Dete deceesed last worked at this occupation (month and	
0 10. Dete decesed last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Courses of poportance:
12. BIRTHPLACE (city or town). 16-6-16-16-16-16-16-16-16-16-16-16-16-16	Melvalle Dean Con well
is 13. NAME Tocced / Juch	
13. NAME TORES II. HULLER	Neme of operation. Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Deg CULA DOWNS 16. BIRTHPLACE (city or towns)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT De la de le	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Entreville Date April 23, 1932	Manner of injury
Place Unit Date 7 19.7 S	Nature of injury.
19. UNDERTAKER A TO THE GOLD THE CONTROL OF THE CON	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Copies 22 2 2 11- H. Fred Registrer	(Signed) O type ay . A Decellety M. D. (Address) Clearly Hay be I
If more blanks are needed, address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

important. See instructions on back of certificate.

TION is

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	942
County Luger Unne	Registration Dist. No. 252
Village or City Centrevelle	NoSt., Ward
Length of residence In city optown where death occurradyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME Chegapeake 1 X) and d
(a) Residence: No.	Ct Mark
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Write Married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Control	22. HEREBY CERTIMY. That I attended deceased from
erelyn schardson	au 78, 1932, to Class 28 1932
6. DATE OF BIRTH (month, day, antiyear) June 3-1872	I last saw h lis aliva on 19 32; daeth is said
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, an 12m.
39 10 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Carrier Historia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	3-3 (30) 3 (3) (3)
Industry or business in which work was dona, as SILK MILL, Store store	
Spail III fills	
11 + 20 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	A. T. L. L.
The state of the s	The state of the s
13. NAME James Kendgold 14. BIRTHPLACE (city or town) Kentl Island	No. of a contract of the contr
(State or country) Mar ula ma	Name of operation Date of
15. MAIDEN NAME Mare & Nellson	What test confirmed diagnosis?
15. MAIDEN NAME Mary & Melson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
S (State or country) Maine	Where did injury occur?
17. INFORMANT C. a. Minagold &.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place entreville Date/Day 1-, 1932	Manner of injury
19. UNDERTAKER Poft W. Edding	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centremeles ma.	If so, specify 44 40 10 10 10 10 10 10 10 10 10 10 10 10 10
20. FILED 4- 29-, 1932 Poff W. Edding	(Signed) M. D. (Address) M. D.
	9

V. S. No. 1

Ŕ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY A 1639	1921	Run over by street car	1 wcek ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUEEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

V. S. No. 1

of OCCUPA-

1. PLACE OF DE		anne	92-a
Village or City	Courts in city or town where o	rville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds
2. FULL NAME_ (a) Residence: No	Sari		St., Ward.
PERSONAL	AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	OLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 - 5 - 198 2
5a. If married, widowed, or- HUGOLAND-of (or) WIFE of	diverced Saw	1 Royal	(Month) (Day) (Year) 22. I HEREBY CERTITY, That I attended-deceased from
6. DATE OF BIRTH (month 7. AGE Years	Months	Days If LESS than 1 day,hrs. ormin.	I last saw h lelive on 1927; death is said to have occurred on the date stated above, at 1:30 A m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, c kind of work do SAWYER, BDOK 9. Industry or busine: work was done. SAW MILL, BAN 10. Date deceased last this occupation year)	one, as SPINNER, KEEPER, etc	20drus 11. Total time (years) spant in this occupation	China Valour de hon
12. BIRTHPLACE (city or to (State or country)	wn) Car	olice Co. m.	Other Contributory Canses of Importance:
13. NAME 14. BIRTHPLACE (city of (State or country)		orecorb.	Name of operation Date of Date of Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city of State or count) 17. INFORMANT (Address)		of Misords.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION O	R REMOVAL	Date 4-8-,1932	Manner of injury
19. UNDERTAKER // Och (Address) 20. FILED 4 - 6 -	Cantro	Adius ma.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. [
	If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago
BULSAUV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-

N. B.-WRITE

STATE OF MARYLAND-	CERTIFICATE OF DEATH 04408
1. PLACE OF DEATH	93-2
County QQ G	Registration Dist. No. 15
Village or City Price	No. St, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Veryway Thory-loy	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Open 2 2 193 2
5a. If merried, widowed, or divorced HUSBAND of	(mulicity 1,Day) (real)
(or) WIFE of Cerllin Thorn los	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) lubra	I last saw han alive on Qnd /0, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.
61 (alnut) 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rents Cardine Welselm Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this pecunation (month and	
10. Date deceased last worked et this occupation (month end 1929 spent in this occupation)	
12. BIRTHPLACE (city or town). Countrely med (State or country)	Other Contributory Causes of importance: Mus C My of willing
13. NAME —— Cair	
14. BIRTHPLACE (city or town) - lakkman	Name of operation Dete et
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME lubur	23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town) - Lubur (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Aster Floribus (Address) And The	(Specify city or town, county and Slate) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Come Date april \$5,1931	Manner of injury
19. UNDERTAKER JOHN No GOOD MACH HOL Md.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED april 24,1932 N. H. 9 vod	(Signed) M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstilled nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

108	
Registration Dist. No. 25	1
No. St.	Ward
ath occurred in a hospital or institution, give its NAME instead of street and num	
ds. How long In U.S. it of foreign birth?yrsmos.	
St., Ward. If nonresident give city or town and Sta	ite
MEDICAL CERTIFICATE OF DEATH	
1. DATE OF DEATH	^
(Month) (Day)	(Year)
2. 1 HEREBY CERTIFY, That I attended deg	ased from
Web 20 , 1932, to of the 320	1952
last saw he aliva on Africe 37d, 1932;	leath is sald
to have occurred on the date stated above, at 3 P.m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance	
were as follows:	ate of onset
101 - (Monmone	erzs
Tangy Vaconjonca	
7	
Other Contributory Causes of importance:	1/2
full alter our of	Josep 1
A second	1032
950	770
Name of according / Copies	0
Name of operation Date of	
What test confirmed diagnosis	psy
3. If death was dua to axternal courses (VIOL ENCE) fill in elso the following:	0
Accident, sulcide, or homicide Date of injury	10
Where did injury occur?	
(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE	
20 7	
Manner of injury I all	
7/ 2//2	
Nature of Injury Walle &	Die
4. Was disease er injury in any way related to occupation of deceased?	
If so, specify	7-7
(Signed) of the cold	M. D.
(Address) Olelle Sp. Hall She	4

V. S. No. 1

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distance of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C & M	1921	Run over by street cor	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 8 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year